

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212532217			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Pew Charitable Trusts</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: F1799735</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: ONE COMMERCE SQUARE 2005 MARKET ST, STE 1700</p> <p style="margin-left: 40px;">CITY/ST/ZIP: PHILADELPHIA, PA 19103</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: REBECCA W RIMEL TITLE: PRESIDENT ADDRESS: 2005 MARKET STREET SUITE 1700 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-7077 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: REBECCA W RIMEL TITLE: PRESIDENT ADDRESS: 2005 MARKET STREET SUITE 1700 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-7077	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	ARISTIDES W. GEORGANTAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	R. ANDERSON PEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	SANDY PEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	J. HOWARD PEW, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	ARTHUR E. PEW, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	J. N. PEW, IV, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	MARY CATHARINE PEW, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	ROBERT G. WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
NAME:	ETHEL BENSON WISTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COMMERCE SQUARE 2005 MARKET ST., STE. 1700 PHILADELPHIA, PA 19103		
CITY/ST/ZIP/CO:			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL J DAHL	MICHAEL J DAHL, SECRETARY	8/23/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.